Mediation Service Exit Survey: Family Court Services

Please fill out the following survey so we can better assess our service to you and the community.

| Your mediator was: | | Date: | | |
|--|--|-------------|-------------------|-------------|
| You are: ☐ Male ☐ Female | | Case # | | _(optional) |
| This is your: ☐ First mediation ☐ A return | ı to mediation | | | |
| Circle or 1. Instructions for what I had to do wer | ne number for eacl e: | n question. | | |
| 1 2 Very unclear | 3 | = | _ | |
| 2. The front office staff were: | | | | |
| 1 2 Not helpful | 3 | _ | | |
| 3. In mediation we came to:: | | | | |
| 1 | 2 | | 3 | |
| No Agreement | Some agreement | A c | omplete agreement | |
| 4. My mediator was: | | | | |
| 1 2 | 3 | 4 | 5 | |
| Not helpful at all | Some help | | > Very helpful | |
| 5. My mediator was: | | | | |
| 1 2 | 3 | 4 | 5 | |
| Rude 4 | | | > Very respectful | |
| 6. I feelabout the outcome | of mediation: | | | |
| 1 2 | 3 | 4 | 5 | , |
| Very upset | | | > Very pleased | |
| The following items are alleged or true in our | case: (check yes or | no) | | |
| Domestic violence: ☐ Yes ☐ No Separate sessions: ☐ Yes ☐ No Support person: ☐ Yes ☐ No | Child abuse: ☐ Yes ☐ No Drugs/alcohol abuse: ☐ Yes ☐ No | | | |
| How could we improve our services to you? | | | | |
| Other comments: | | | | |

You may return form to any court staff at any branch or mail form to Family Court Services, ATTN: Manager, 901 Park St. Paso Robles, CA 93446

Thank you for participating in our survey.